


DEPARTMENT OF CORRECTION	DIRECTIVE NUMBER: 401.06.03.079	PAGE NUMBER: 1 of 5
 INSTITUTIONAL SERVICES DIVISION	SUBJECT: Hepatitis Exposure Guidelines	Adopted: 06-01-95 Revised: 07-15-98 Reformatted: 02-2001

01.00.00. POLICY OF THE DEPARTMENT

It is the policy of the Idaho Board of Correction that the Department of Correction ensure proper medical, dental, psychiatric and psychological services and treatment be provided to inmates incarcerated under its jurisdiction, including those state-sentenced offenders held in non-IDOC facilities.

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03.00.00. REFERENCES

Standards for Adult Correctional Institutions, Second Edition, Standards 3-4365.

Standards for Health Services in Prisons, P-14, P-16, and P-22.

04.00.00. DEFINITIONS

Facility Health Authority: The on-site Health Authority or senior health staff assigned.

Hepatitis A: A self limited viral disease of worldwide distribution, usually transmitted by oral ingestion of infected materials but may also be transmitted parenterally.

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Hepatitis B: An acute viral illness transmitted parenterally or sexually. Tends to be more prolonged and more variable than in viral hepatitis type A; otherwise the clinical and pathological symptoms are similar.

Hepatitis C: A clinical syndrome of acute viral hepatitis occurring without the serologic markers of hepatitis A or B. It is the major cause of post transfusion hepatitis and occurs commonly following parenteral IV drug abuse, sexual promiscuity and/or transmission of the oral/fecal route.

Hepatitis D: Similar to Hepatitis A.

Hepatitis E: Not seen in the United States, as of yet.

Medical Authority: Idaho Department of Correction Health Services Chief.

Medical Director: A physician (M.D.) either employed by the Idaho Department of Correction or the physician in charge if medical services are privatized.

Regional Health Manager: The individual assigned as the primary manager who is administratively responsible for the delivery of medical services if health services are privatized.

Typically at high risk groups:

- Hemodialysis patients
- Hemophiliacs
- Male homosexuals, female lesbians
- Intravenous illicit drug users
- Promiscuity (promiscuous individuals)
- Infants of one or both HIV positive parents

05.00.00. PROCEDURE

05.01.00. Transmission of Hepatitis

Hepatitis A: Formerly known as infectious hepatitis, has an incubation period of 15-50 days (average 28-30). Transmission is by close person-to-person contact, generally through fecal contamination.

Hepatitis B: Formerly known as serum hepatitis has an incubation period of 45-160 days. Routes of transmission of Hepatitis B virus include direct percutaneous introduction of infective serum or plasma, or transmission of infective blood or blood

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products. Indirect percutaneous introduction of infected serum or plasma, such as through minor skin cuts or abrasions. Absorption of infective serum or plasma through mucosa, such as those of the mouth or eyes.

Hepatitis C: the incubation period ranges from 40-103 days. Transmission routes include percutaneous exposure, accidental needle stick or introduction of infective blood and blood products, blood transfusion, washed red cells, factor VIII concentrates, and fecal contamination.

Hepatitis D and E: Not yet prevalent in the United States, but consider all route of transmission addressed in A, B, and C possible.

05.02.00. Screening of New Commitments

All inmates shall have a health appraisal while in the receiving and diagnostic unit. Part of that appraisal shall be a blood analysis. Any elevated liver function test shall be followed up with a hep profile to detect or diagnose liver disease. The additional testing will be at the direction of the primary care provider or the medical chief and established protocols.

05.03.00. Symptoms Are As Follows, But Are Not Limited To:

- Flu-like illness
- Anorexia
- Malaise
- Nausea and vomiting
- Fever
- Dark urine
- Jaundice (yellow)
- Clay-colored bowel movements
- Loss of taste for tobacco

05.04.00. Treatment

In most cases no special treatment is required; however, isolation of patients in the prodromal phase is recommended. Isolation shall be in a departmental facility as designated by the Administrator of Institutional Services or his/her designee. All laundry for isolated hepatitis patients shall be done in the medical facility and special handling or disposal shall be done using recommended procedures. Food will be prepared by the institution food services and delivered to the infirmary in disposable containers. If appropriate, the Department Dietary Services Chief shall provide dietary counseling and/or recommendations.

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05.05.00. Staff Training

Training of staff personnel shall be done in conjunction with the annual training for AIDS. Continuous staff education on the importance of precautions regarding contact with blood and body fluids from all inmates and staff should be stressed. Also included is the importance of hand washing and other sanitation precautions.

05.06.00. Transport of Hepatitis Inmates

Normal security precautions shall be followed.

Officers transporting infected inmates shall use the same precautions (universal precautions) as used with AIDS patients (Directive 401.06.03.075). Avoidance of direct contact with blood or body fluids is highly recommended. They should also not discuss inmates condition with other staff members or inmates.

05.07.00. Employee Testing

In the event a staff member comes in contact with fluids or exchange of body fluid occurs with an inmate who has tested positive for hepatitis, it is recommended he/she have a hepatitis profile done at a local medical facility for workman's compensation documentation. Treatment will be based on the results of that testing. Further, a follow-up test should be performed in 60 and 120 days.

05.08.00. Work Assignments

Medical limitations regarding Hepatitis A, B or C and authorization to work in food services are as follows. The patient cannot serve food during acute phases of the disease, and the patient will need a M.D. release to resume work.

Those inmates who have been diagnosed with chronic active Hepatitis B and are surface antigen positive should be restricted from food service work.

NOTE: (This represents a very small number of inmates.)

Those inmates who have active Hepatitis A or test Hep A IGM positive will not be allowed to work in food service.

Those who test positive with Hepatitis C will be allowed to work in food service.

NOTE: (No HIV/AIDS patients are permitted to work in food service.)

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05.09.00. Hepatitis A and B Vaccine

Because medical staff have a high risk frequency of exposure to blood and other body fluids the hepatitis A and B vaccine should be provided by the Department or the medical contractor to its employees. It is not mandatory, but it is advisable that this series be taken as a possible prevention from acquiring hepatitis.

Per direction of OSHA, the state Labor and Industrial Services Division enforces the need for all health professionals and law enforcement including correctional staff to obtain hepatitis A and B vaccinations.

Official in-service and training should be conducted prior to providing the injection.

Currently, the contract vendor for medical services is responsible to provide Hepatitis A and B vaccines to its employees and to the Idaho Department of Correction prisons and community work center staffs.

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Administrator, Institutional Services Division

Date

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